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CONFIRMATION NO. 3060

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 10/730,567 | FILING DATE 12/08/2003 RULE | CLASS 514 | GROUP ART UNIT 1655 | ATTORNEY DOCKET NO. 8016-4 CON |
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APPLICANTS

Joan M. Fallon, Yonkers, NY;

**** CONTINUING DATA *******

This application is a CON of 09/929,592 08/14/2001 PAT 6,660,831 which claims benefit of 60/224,991 08/14/2000 *PL VOIC*

**** FOREIGN APPLICATIONS ******* *PL (none)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 03/10/2004**

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|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 3 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 2 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *PL* Examiner's Signature Initials

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 JOAN FALLON
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 10704

TITLE
 Methods for diagnosing and treating dysautonomia and other dysautonomic conditions

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| FILING FEE RECEIVED 412 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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